

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to: *ATTN: Patrick H. Hargrave*

US Attorney General

1007 Orange St Suite 700

P.O. Box 2046

Wilmington, DE 19899-2046

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X [Signature]

☐ Agent

☐ Addressee

B. Received by (Printed Name)

[Signature]

C. Date of Delivery

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Article Number

(Transfer from service label)

7004 1160 0006 3104 1833

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

102595-02-M-

Domestic Return Receipt

PS Form 3811, February 2004

(Transfer from service label)

7004 1160 0006 3104 1758

4. Restricted Delivery? (Extra Fee)

☐ Yes

☐ Insured Mail

☐ Registered

☐ Certified Mail

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